Name In Full

William L Beechamp

Certificate of Death

Died at Town Roanoke County Somerset MARYLAND

Date 1899 Month Feb Day 13 | Age Y. 81 M. D. | Native of Md. | Occupation Farming by Trade

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widower ~~Widow~~ Divorced | Number of children living 5

Husband of
Wife

Father's Name John Beechamp | Mother's Name Sally Beechamp

Cause of Death — Primary: General Breaking down — How long sick

Immediate: Old age 141 — Accident, Suicide, Homicide

Reported by J Crowson & Bro

Address Roanoke city Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

information given
by Mrs Bro Tubman Boodram

Name in Full

Certificate of Death

Isaac Reggie Drzi

Town: Crisfield County: Somerset

Died at MARYLAND

Date 189 9. Month: Feb. Day: 10. Age: Y. 5 M. 1 D. 6 Native of Somerset Co Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Gerzy N Drzi Mother's Name Catherine A Drzi

Cause of Death: Primary Erysipelas 125 How long sick 16 days

Immediate

~~Accident, Suicide, Homicide~~

Reported by W. F. Hall Crisfield Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 78705

Name in Full George Jones

Certificate of Death

Died at St Peters (Town) Somerset (County) MARYLAND

Date 1899 Month Feb Day 2 Age Y. 79 M. D. Native of St Peters Occupation Oysterman

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living 2

Husband ~~Wife~~ of Mary Jones

Father's Name Not Known Mother's Name ~~Not Known~~

Cause of Death: Primary Pneumonia 72 — How long sick 6 days

Immediate Exhaustion — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by R. L. Hoey M.D.

Address Crisfield P.O. Somerset Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55008

Name in Full John H Laird — Certificate of Death

Died at Town St Peters County Somerset MARYLAND

Date 1899 Month Feb Day 12 | Age Y 73 M. D. | Native of St Peters Occupation Oysterman

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living 5

Husband ~~Wife~~ of not known

Father's Name not known | Mother's Name not known

Cause of Death: Primary Pneumonia 72 — How long sick 3 days

Immediate Exhaustion

Accident, Suicide, Homicide

Reported by R L Knight M D

Address Oriole P O Somerset Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

John S. Pruitt

Died at Crisfield (Town) Somers (County) MARYLAND

Date 189 9 Month Feb Day 12 | Age Y. 62 M. D. | Native of Md | Occupation Shoemaker

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | Widow / ~~Widower~~ | ~~Divorced~~

Number of children living 6

Husband / ~~Wife~~ of Mary Pruitt.

Father's Name

Mother's Name 34

Cause of Death — Primary: Chronic alcoholism | How long sick 36 hours

Immediate: Heart failure | Accident, Suicide, Homicide

Reported by W. F. Hall M.D.

Address Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Mrs. Margaret Rider — Certificate of Death

Died at Princess Anne (Town) Somerset (County) MARYLAND

Date 189 9 — Month 2 - Day 18 — Age Y. 67 M. D. — Native of Somerset Co. — Occupation

~~Male~~ Female — White — ~~Colored~~ — Married — Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living 1 daughter

~~Husband~~ Wife of Wm. D. Rider

Father's Name Robert D. Ellegood — Mother's Name Maria (Parker) Ellegood

Cause of Death — Primary Grippe 9 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Minnie Rider

Address [redacted] 2-23

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79118

Rev. Wm. A. Logan
Presby. Main St. Ch.
Princess Anne

Name in Full

Certificate of Death

Sarah Thomas

Died at Town: Crisfield County: Somerset MARYLAND

Date 189 9 Month: Feb Day: 18 | Age Y. 34 M. D. | Native of Va | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~ 3

~~Husband~~ Wife of Aaron S. Thomas

Father's Name +

Mother's Name

Cause of Death: Primary Chronic Bright's 117 How long sick 7 days

Immediate Hemorrhage Post partum ~~Accident, Suicide, Homicide~~

Reported by W. F. Heath M.D.

Address Crisfield Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Earl W. Wallace

Died at Town Dames Quarter, County Somerset MARYLAND

Date 1899 Month Feb Day 8

Age Y. 3 M. 3 D. 2

Native of

Occupation —

Male / ~~Female~~ White / ~~Colored~~ Married / Single / Widow / Widower / Divorced

Number of children living

Husband / Wife of —

Father's Name Bonnie Wallace

Mother's Name Annie Wallace

Cause of Death — Primary: Pneumonia 72 — How long sick 1½ days

Immediate: asthenia

Accident, Suicide, Homicide

Reported by S. J. Winder

Address Dames Quarter Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Sarah E. White

Died at Town: Dames Quarter, County: Somerset — MARYLAND

Date 1899 Month: Feb. Day: 17 | Age Y.: 83 M.: 1 D.: 2 | Native of: — | Occupation:

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ / Divorced — Number of children living —

Husband / Wife of —

Father's Name —

Mother's Name —

Cause of Death — Primary: La Grippe 9 — Immediate: Exhaustion — How long sick: 24 hours

Accident, Suicide, Homicide

Reported by S. J. Windsor

Address Dames Quarter md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Stevenson Whittington

Town: Marion County: Somerset.

Died at Marion Somerset. MARYLAND

Date 189 9 Month Feb Day 2 | Age Y. 84 M. D. | Native of Somerset Co | Occupation Farmer

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 6

Husband / Wife of 1

Father's Name x

Mother's Name x

Cause of Death: Primary Influenza 9 — How long sick 20 days

Immediate Diarrhoea — ~~Accident, Suicide, Homicide~~

Reported by W. F. Hall M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79708